

STATE OF WASHINGTON UNIFORM INCIDENT REPORT

D A T A	AGENCY NAME LAKE STEVENS POLICE DEPT.				<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT				INCIDENT NUMBER 15-01776															
	TYPE OF REPORT				<input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION				<input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT															
	<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE				<input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER:				<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED															
	INCIDENT CLASSIFICATION Hit And Run								LANDLORD NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL															
P E R S O N S / B U S I N E S S E S	ADDRESS / LOCATION OF INCIDENT 303 91st Ave NE				PREMISES TYPE / NAME County Market Parking Lot				DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/>															
	REPORTED ON				OCCURRED ON OR FROM				OCCURRED TO															
	MONTH	DAY	YEAR	TIME	DOW	MONTH	DAY	YEAR	TIME	DOW	MONTH	DAY	YEAR	TIME	DOW									
	07	15	15	1901	Wed	07	15	15	0700	Wed	07	15	15	0800	Wed									
	ADDL ON SUPP.		<input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES:		V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK							
	NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE) Magallon-Auino, Eloy				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES										
	V1						H		M	071078	508	150	BRN	BRN										
	STREET ADDRESS 1524 83rd Ave SE				CITY Lake Stevens				STATE WA		ZIP CODE 98258		RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
	RESIDENCE PHONE 425-350-8174		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.							
	NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE) Aguilar, Danny				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES										
O1						H		M	081489															
S U S P E C T / S U B J E C T	STREET ADDRESS				CITY				STATE		ZIP CODE		RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.							
	NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES										
	O1						H		M	081489														
	NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:				SUSPECT CODES:				A - ARREST R - RUNAWAY				S - SUSPECT M - MISSING				I - INSTITUTIONAL (MENTAL / DETOX)				X - OTHER			
	NO.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES										
	S1	Unknown																						
	ALIAS NAME(S)				IDENTIFIERS																			
	STREET ADDRESS				CITY				STATE		ZIP		RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		RES. PHONE									
	EMPLOYMENT / OCCUPATION / SCHOOL				BUS. PHONE				SOCIAL SECURITY NUMBER				DRIVERS LICENSE / I.D. CARD NO:				STATE							
V E H I C L E / T R A N S P O R T / B O A T	IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES				CITATION / WARRANT # / AGENCY				BAIL									
	ARREST DATE		LOCATION OF ARREST				1. M <input type="checkbox"/> F <input type="checkbox"/> 2. M <input type="checkbox"/> F <input type="checkbox"/> 3. M <input type="checkbox"/> F <input type="checkbox"/>																	
	AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRTN.		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>									
	JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED				NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>											
	VEHICLE CODES:		<input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> SUSPECT'S VEH.		<input type="checkbox"/> HOLD FOR:											
	NO.	LICENSE NUMBER	STATE	VIN / HULL NUMBER		YEAR	MAKE	MODEL		STYLE														
	1	AVM1307	WA	JTMBF4DV2A5020274		10	TOYOTA	RAV4																
	COLOR WHI		SPECIAL FEATURES / DESCRIPTION				VALUE/STOLEN \$		DRIVER IS: <input type="checkbox"/> R / O <input type="checkbox"/> PERSON #		REGISTERED OWNER'S NAME Same													
	VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY		<input type="checkbox"/> TOWED		TOW COMPANY NAME / ADDRESS / PHONE				STATE TOW NO.		REGISTERED OWNER'S ADDRESS Same													
	LOCKED Y <input type="checkbox"/> N <input type="checkbox"/>	KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>	DELINQ PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/>	VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/>	THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/>	DRIVE-ABLE Y <input type="checkbox"/> N <input type="checkbox"/>	DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>	SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7	5	3	1	DAMAGE EST \$										
									8	6	4	2												
S I G N A T U R E	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.																							
	(<input type="checkbox"/>) RELEASED PROPERTY TO _____ (<input type="checkbox"/>) I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE (<input type="checkbox"/>) I DO <input type="checkbox"/> DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE (<input type="checkbox"/>) REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E) (<input type="checkbox"/>) THE NAMED JUVENILE IS PRESENTLY A RUNAWAY (<input type="checkbox"/>) THE NAMED PERSON IS PRESENTLY MISSING																							
	SIGNATURE OF PERSON _____ DATE _____																							
	OFFICER NAME / NUMBER N. Adams #127																							
S T A T U S	AREA W		OFFICER NAME / NUMBER		AREA		APPROVED BY LH #11		ASSIGNED															
	FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR		<input type="checkbox"/> MARYS <input type="checkbox"/> EVRGN		PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS		<input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION		DATA ENTERED		DATE											

15-01776

NARRATIVE

LSPD
ORIGINAL

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Hit and Run	INCIDENT NUMBER 15-01776
NAME OF VICTIM(S) Magallon-Auino, Eloy		

NARRATIVE:

On 07/15/15 at about 1901 hours, (all times approximate) I was dispatched to a cold hit and run at 303 91st Ave NE, in the city of Lake Stevens.

The reporting party, Danny Aguilar (DOB 08/14/89), stated the vehicle (LIC: AVM1307) that was damaged was owned by Eloy Magallon (DOB 07/10/78) and that it occurred in the parking lot at County Market. Aguilar said he was not at the County Market parking lot but was at Magallon's house. Aguilar said Magallon didn't speak English very well (Magallon spoke Spanish) and that he (Aguilar) would be able to translate for Magallon.

I arrived at Magallon's house at 1524 83rd Ave SE, in the city of Lake Stevens. Magallon (through Aguilar) said he parked his above vehicle in the County Market parking lot on 07/15/15 and sometime between 0700-0800 hours an unknown person collided into his car and fled the scene. Magallon said he was the only person that drove his vehicle during the time the incident occurred. As he pointed to a stall, Magallon showed me on a satellite picture of the County Market parking lot that his vehicle was approximately half way between Taco Bell and Wells Fargo and roughly 12 parking stalls west of the entrance to County Market.

The damage to the vehicle appeared inconsistent with damage caused by another vehicle and appeared more consistent with someone who backed into a pole or a shopping cart corral. I told the driver it looked as if the damage to his vehicle appeared as if he backed into a pole, he agreed that it did. I took digital photographs of the vehicle, which were later printed and added to the case report and copied to a compact disk and booked into evidence as item #NA1.

Chris Gooding, manager of County Market, informed me via phone he reviewed the security footage from County Market of the date, time and location of the incident but didn't see any white SUV involved in a hit and run.

On 07/22/15 I went to County Market and spoke with Jessica, a supervisor at County Market, who showed me, and provided a copy of, security footage of the area of the parking lot at the date and time Magallon stated his car was damaged. The video did not show any vehicle that looked like a white Toyota Rav4 (parked approximately half way between Taco Bell and Wells Fargo and roughly 12 parking stalls west of the entrance to County Market) in the area Magallon pointed to where his car was in, nor any vehicle cause a hit and run.

The County Market security footage, along with a satellite photo of the parking lot, was copied to a compact disc and booked into evidence as item #NA2.

ATTACHMENTS:

Statement – Magallon (via translation by Aguilar)
Evidence Log Sheet
Printed Photographs
CAD run

END OF REPORT.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER N. ADAMS #127	APPROVED BY 
---	--

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-01776



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Eloy Magallon</u>	RACE <u>L</u>	ETH	SEX <u>M</u>	DOB <u>7-10-78</u>	AGE <u>36</u>	HGT <u>5'8"</u>	WGT <u>170</u>	HAIR <u>Black</u>	EYES <u>Brown</u>
STREET ADDRESS <u>1524 83rd Se Ave</u>					CITY <u>Lake Stevens</u>		STATE <u>wa</u>		ZIP <u>98282</u>	
HOME PHONE			CELL PHONE <u>425 350 8174</u>			PLACE OF EMPLOYMENT				
WORK PHONE			EMAIL ADDRESS <u>Ignaciomagallon01@gmail.com</u>							

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I so was parked on country market on lake Stevens county market and came out and it was hit on the back rear I have no idea who did it no suspect information between 7am and 8am. I Danny Aguilar wrote this y magallon eloy
Danny Aguilar 8/14/89

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE 	DATE SIGNED <u>7-15-2015</u>	LOCATION SIGNED <u>Lake Stevens wa.</u>
OFFICER/NUMBER: <u>Danny Aguilar #127</u>	DATE SIGNED <u>7/15/15</u>	LOCATION SIGNED <u>Lake Stevens</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1



LSPD
ORIGINAL



LSPD
ORIGINAL

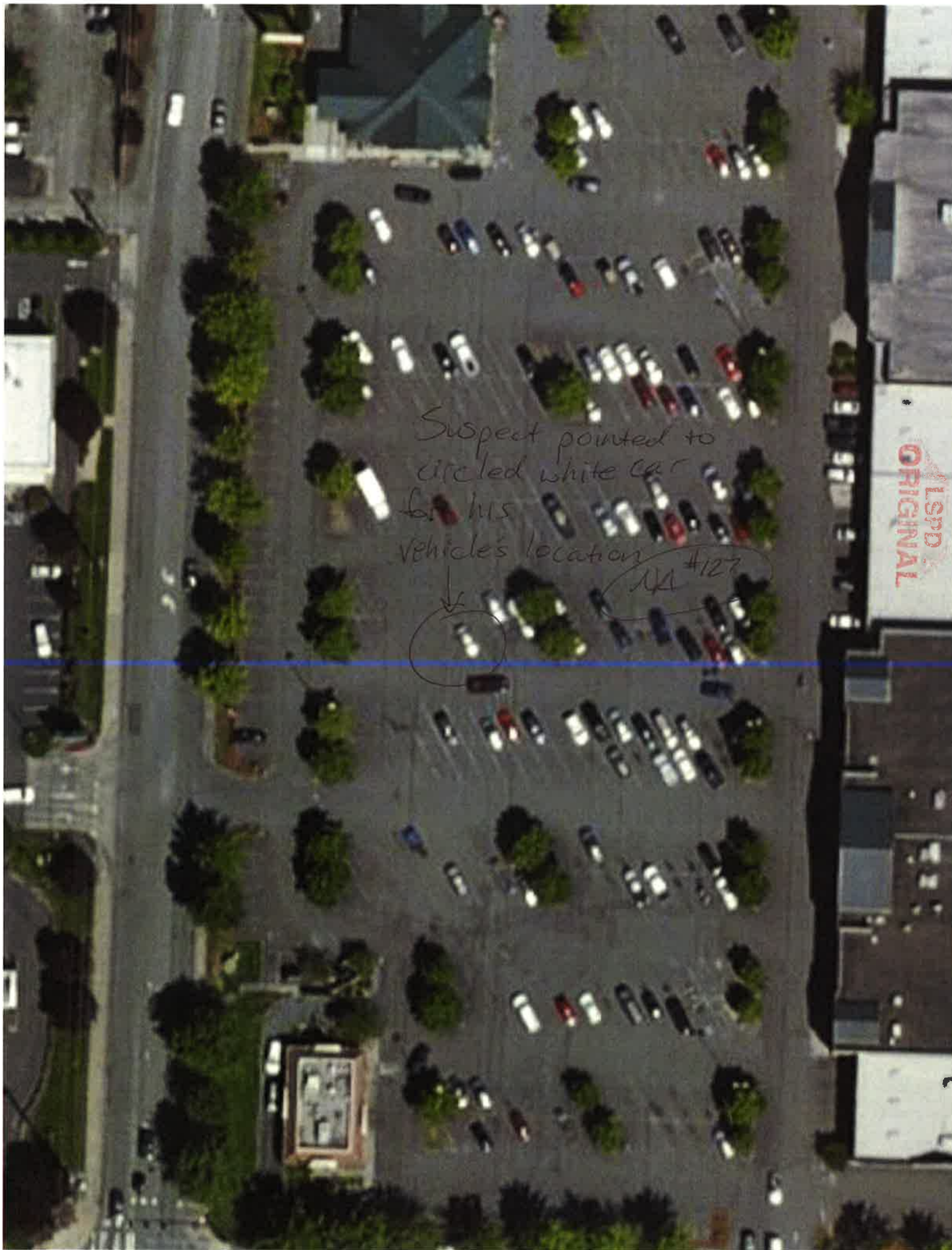


LSPD
ORIGINAL

Suspect pointed to
circled white car
for his
vehicle's location

NA #127

LEAD
ORIGINAL



LSPD
ORIGINAL

Case # 15-01776

LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>Adams #127</i>				Case Number <i>15-01776</i>													
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case:				Date/Time:													
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfk will be held for 60 days or 60 days past owner notification																	
Item #	Action #	Item		Brand Name				Storage Location		Disposition											
		Brand/Model/Caliber		(Further Description)																	
		Serial #		Where Found		Weight of Narcotic															
		Owner's Name										Address		City		State		Zip		Phone #	
Owner Signature/Other remarks /additional information/ special instructions																					
Item #	Action #	Item		Brand Name				Storage Location		Disposition											
		Brand/Model/Caliber		(Further Description)																	
		Serial #		Where Found		Weight of Narcotic															
		Owner's Name										Address		City		State		Zip		Phone #	
Owner Signature/Other remarks /additional information/ special instructions																					
Item #	Action #	Item		Brand Name				Storage Location		Disposition											
		Brand/Model/Caliber		(Further Description)																	
		Serial #		Where Found		Weight of Narcotic															
		Owner's Name										Address		City		State		Zip		Phone #	
Owner Signature/Other remarks /additional information/ special instructions																					
Item #	Action #	Item		Brand Name				Storage Location		Disposition											
		Brand/Model/Caliber		(Further Description)																	
		Serial #		Where Found		Weight of Narcotic															
		Owner's Name										Address		City		State		Zip		Phone #	
Owner Signature/Other remarks /additional information/ special instructions																					
Item #	Action #	Item		Brand Name				Storage Location		Disposition											
		Brand/Model/Caliber		(Further Description)																	
		Serial #		Where Found		Weight of Narcotic															
		Owner's Name										Address		City		State		Zip		Phone #	
Owner Signature/Other remarks /additional information/ special instructions																					

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Case # 15-01776

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Adams #127</i>		Case Number <i>15-01776</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>Hit and Run</i>		Date/Time: <i>7/23/15 0050</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification			
Item # <i>UA2</i>	Item <i>CD with pics</i>	Brand Name <i>Compucessory</i>		Storage Location	Disposition
Action # <i>3</i>	Brand/Model/Caliber		(Further Description)	LSPD ORIGINAL	
	Serial #	Where Found	Weight of Narcotic		
Owner's Name <i>LSPD</i>		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions <i>#127</i>					Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

LSPD
ORIGINAL

/1901	(SP0382)	ENTRY	19N2	, PH, COLD HIT & RUN,
/1901	(SP0333)	DISPER	19N2	[PH]
/1904	(SS127)	*ONSCNE	19N2	#SS127 ADAMS, OFFICER (NATHAN)
/1909		*MISC	19N2	, RP SAID HE WAS SPEAKING FOR RO OF HIT & RUN VEH
/1909				ICLE (RO DID NOT SPEAK ENGLISH). RP SAID VEHICLE
/1909				WAS DAMAGED WHILE PARKED IN COUNTY MARKET PARKI
/1909				NG LOT
/1909		*MISC	19N2	, I ADVISED RP NO REPORT WOULD BE TAKEN BECAUSE I
/1909				NCIDENT HAPPENED ON PRIVATE PROPERTY. I ADVISED
/1909				RP THE RO COULD GO ONTO WSP WEBSITE AND FILE A S
/1909				ELF REPORTING COLLISION FORM IF HE DESIRED
/1913		*MISC	19N2	, CONFIRMED WITH SGT WE DO TAKE REPORTS FOR HIT &
/1913				RUN ON PRIVATE PROPERTY. EN ROUTE TO TAKE REPOR
/1913				T
/1924	(*****)	REMINQ	19N2	AVM1307
/1924	(SP0333)	REMINQ	19N2	LIC, 19N2, AVM1307,, ,
/1928		ASNCAS	19N2	\$SS15001776
/1931		CHGLOC	19N2	[COUNTY MARKET]
/1945	(SS127)	*MISC	19N2	, REPORT TAKEN
/1945		*MISC	19N2	, REQUESTED COUNTY MARKET TO REVIEW SECURITY FOOT
/1945				AGE DURING REPORTED TIME OF INCIDENT
/1948		REMINQ	19N2	MDTVEH, AIC2996, , WA, , , , , , , , , , ,
/1952		REMINQ	19N2	MDTVEH, C43424D, , WA, , , , , , , , , , ,
/1955		REMINQ	19N2	MDTVEH, AGJ7397, , WA, , , , , , , , , , ,
/1955		REMINQ	19N2	MDTWANT, , , , , , WA, FRAZIEA308D5, , , , , , , , , , ,
/2001		REMINQ	19N2	MDTVEH, ACA3828, , WA, , , , , , , , , , ,
/2002		REMINQ	19N2	MDTVEH, C43968C, , WA, , , , , , , , , , ,
/2002		REMINQ	19N2	MDTWANT, , , , , , WA, TUCKEKS088QL, , , , , , , , , , ,
/2002		REMINQ	19N2	MDTWANT, , , , , , WA, TUCKEGR449KD, , , , , , , , , , ,
/2007	(SP0333)	\$PREMPT	19N2	
/2019		DISPER	19N2	#SS127 ADAMS, OFFICER (NATHAN)
/2019	(SS127)	*CLEAR	19N2	D/H
/2019		CLOSE	19N2	

LAKE STEVENS POLICE DEPARTMENT

FOLLOW-UP / ROUTING SHEET

CASE NUMBER 15-1776

MUST HAVE CITATION NUMBER OR SUSPECT INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.

CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB

OFFICER / DETECTIVE REQUEST

☒ ADD DOCUMENTS TO ORIGINAL FILE

☐ NO FURTHER ACTION REQUIRED

☐ ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY

☐ FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)

☐ FORWARD COMPLETED COPY OF CASE

☐ MARYSVILLE COURT

☐ SNO CO FELONY DIVISION

☐ WACIC / NCIC ENTRY FOR RECORDS

☐ CITY PROSECUTOR

☐ JUVENILE COURT

☐ WASH STATE LIQUOR CONTROL

☐ REVIEW FOR CHARGES

☐ CPS/DSHS ☐ EVERETT ☐ SKY VALLEY

☒ OTHER: WSP

DATE SENT:

BY:

☐ FORWARD ORIGINAL FILE WITH THE FOLLOW-UP TO COURT

☐ CITATION JUVENILE REFERRAL ATTACHED

☐ SUBJECT REFERRED FOR FELONY CHARGING

DATE SENT:

8-5-15

BY:

CPB # 90

☐ PROSECUTOR FOLLOW-UP RESPONSE (ATTACH PROSECUTOR REQUEST FORM)

☐ INVESTIGATIONS

OFFICER ASSIGNED

DUE DATE

CASE CLOSED

☐ UNFOUNDED

☐ ARREST MADE SENT TO COURT

☐ LACK OF INVESTIGATIVE LEADS

☐ VICTIM REQUEST

OFFICER / INVESTIGATOR

DATE SIGNED

SERGEANT APPROVAL

DATE SIGNED

RECORDS DATA ENTRY ADDITIONAL PERSONS ☐ PROPERTY ☐ ARRESTS ☐

RECORDS:

DATE:

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E448883**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	15-01776	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
--------------------	--

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 07 - 15 - 2015	0730	31		0664
N S E W IN OF				

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	MILE POST <input type="checkbox"/>
MARKET PL	9100	

DISTANCE	OF (REFERENCE OR CROSS STREET)
MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/>	
FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	---	-------

LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
-----------	----------------	------------	----------------

STREET NEW ADDRESS	
--------------------	--

CITY	ST	ZIP
------	----	-----

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MMDDYYYY
--------------------	-------	--------------	-----------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	---------------------	-----------------------	--------------------

LICENSE PLATE #	STATE	VIN#
-----------------	-------	------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	-------	-------	---	----------	---

REGISTERED OWNER INFO.	
------------------------	--

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>			



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	-------------------------------------	---	--	-------

LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
-----------	----------------	------------	----------------

STREET NEW ADDRESS	
--------------------	--

CITY	ST	ZIP
------	----	-----

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MMDDYYYY
--------------------	-------	--------------	-----------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	---------------------	-----------------------	--------------------

LICENSE PLATE #	STATE WA	VIN# JTMBF4DV2A5020274
-----------------	-----------------	-------------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR 2010	MAKE TOYT	MODEL RAV4	STYLE 4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------	------------------	-------------------	-----------------	---	----------	---

REGISTERED OWNER INFO.	ELOY MAGALLON-AJINO 1524 83 AVE SE LAKE STEVENS WA 98258 D: 4253508174
------------------------	---

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # GEICO 4400-6336-00	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>			



OFFICER'S NAME (PRINT) N. ADAMS #127	BADGE OR ID # 127	AGENCY WA0311900
---	--------------------------	-------------------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E448883**

CASE # **15-01776**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 07/15/15 between 0700 hours and 0800 hours (all times approximate), V2 (LIC: AVM1307) was parked and left unattended in the parking lot at County Market, 303 91st Ave NE, in the city of Lake Stevens.

The registered owner of V2 claimed during that time an unknown vehicle hit his vehicle and fled the scene.

The damage to the vehicle appeared inconsistent with damage caused by another vehicle and appeared more consistent with someone who backed into a pole or a shopping cart corral. See full report for more detail.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: UNKNOWN

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-27-15 06:36 PM

DATED

PLACE SIGNED

APPROVED BY

KERRY BERNHARD 120

DATE

8/4/2015 1:52:09 PM

BADGE OR ID #	127	ORI #	WA0311900	TIME POLICE DISPATCHED	7:01 PM	TIME POLICE ARRIVED	7:04 PM
---------------	------------	-------	------------------	------------------------	----------------	---------------------	----------------

NOT OBSERVED